

AUG 20 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

27001

## 1. PLACE OF DEATH

County ClayRegistration District No. 198Township Fishing RiverPrimary Registration District No. 3011City Excelsior Springs, (No. Missouri,File No. 96Registered No. 3d Ward)2. FULL NAME LASWELL, Albert(a) Residence, No. Veterans Administration St., Trimble, Missouri Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF Single  
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4, 1887

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>50</u>	<u>5</u>	<u>23</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caterpillar Operator9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown10. Date deceased last worked at this occupation (month and year) Unknown11. Total time (years) spent in this occupation Unknown12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holden, Missouri13. NAME Jones Laswell14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Addie Blankenship16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Hospital Records  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Edgerton, Mo. DATE July 28, 193719. UNDERTAKER Rollins Mortuary  
(ADDRESS) Edgerton, Missouri20. FILED July 28 1937 Louisa Mc Crackin  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 193722. I HEREBY CERTIFY, That I attended deceased from July 8, 1937, 19    , to July 27, 1937, 19    .I last saw him alive on July 27, 1937, 19    . Death is saidto have occurred on the date stated above, at 6:40 m. P. M.  
The principal cause of death and related causes of importance were as follows:Cerebral hemorrhage

Other contributory causes of importance:

HypertensionName of operation None Date of     What test confirmed diagnosis?      Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury     , 19    Where did injury occur?     

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury     Nature of injury     24. Was disease or injury in any way related to occupation of deceased?     If so, specify     (Signed) H. C. HADGOREE, MD. Clinical Director D.(Address) Veterans Administration Facility  
Excelsior Springs, Missouri.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

